

1442207

Statement of Organization Recipient Committee

Statement Type

Initial Amendment Termination - See Part 5
[X] Initial
[X] Not yet qualified or
[] Date qualification threshold met
[] Amendment
[] Termination - See Part 5
Date qualification threshold met
Date of termination

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
NOV 03 2021

CALIFORNIA FORM 410

For Official Use Only
NOV 17 2021
ELECTIONS DEPT
PLACERVILLE, CA

1. Committee Information I.D. Number (if applicable) 2. Treasurer and Other Principal Officers

NAME OF COMMITTEE
DeVile for Assessor 2022
STREET ADDRESS (NO P.O. BOX)
3987 Missouri Flat Road, Ste. 340 - 426
CITY STATE ZIP CODE AREA CODE/PHONE
Placerville CA 95667 (530)681-0283
FULL MAILING ADDRESS (IF DIFFERENT)
P.O. Box 850 Wilton, CA 95693
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)
vonac@comcast.net
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
El Dorado County El Dorado County

NAME OF TREASURER
Eric Russi
STREET ADDRESS (NO P.O. BOX)
3987 Missouri Flat Road, Ste. 340 - 426
CITY STATE ZIP CODE AREA CODE/PHONE
Placerville CA 95667 (916)612-0300
NAME OF ASSISTANT TREASURER, IF ANY
Vona L. Copp
STREET ADDRESS (NO P.O. BOX)
10093 Davis Road
CITY STATE ZIP CODE AREA CODE/PHONE
Wilton CA 95693 (916)686-1815
NAME OF PRINCIPAL OFFICER(S)
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

COUNTY OF EL DORADO
RECEIVED
NOV 17 2021
ELECTIONS DEPT
PLACERVILLE, CA

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/1/21 By Eric Russi
Executed on 11/1/21 By Jon DeVile
Executed on By
Executed on By

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

DeVile for Assessor 2022

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.